

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033686

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

579

FILED OCT 15 1962

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)

Columbia

Length of stay in 1b

93 days

c. FULL NAME OF (If NOT in hospital, give location)

University of Mo. Med Center

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Howell

c. CITY

Couch

Inside Limits

Yes ☐ No ☒

d. STREET (If outside, give location)

Route 2

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Stella

Middle

C.

Last

Johnson

4. DATE

OF DEATH

Month

10

Day

9

Year

62

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Widowed ☐ Never Married ☒ Divorced ☐

8. DATE OF BIRTH

2-1-12

9. AGE (last birthday)

50

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cafe Operator

10b. KIND OF BUSINESS OR INDUSTRY

Cafe

11. BIRTHPLACE (City and state or country)

Couch Mo

12. CITIZEN OF WHAT COUNTRY

US

13a. FATHER'S NAME

Thomas Caskey

13b. MOTHER'S MAIDEN NAME

Clara Williams

14. NAME OF HUSBAND OR WIFE

Jesse W. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Medical Records Columbia MO

Address

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute tubular necrosis

INTERVAL BETWEEN

ONSET AND DEATH

8 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Post-op. valvuloplasty for mitral

DUE TO (c)

Stenosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Rheumatic Heart disease - mitral stenosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 9, 1962 to Oct. 9, 1962 and last saw her alive on 10-9-62

Death occurred at 8:25 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Frank R. Mitchell, M.D.

Degree or title

22b. ADDRESS

Univ. Mo. Med. Center

22c. DATE SIGNED

10-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-12-62

23c. NAME OF CEMETERY OR CREMATORY

Hill Cemetery

23d. LOCATION (City, town, or county)

West Plains, Mo

(State)

24. FUNERAL DIRECTOR

Lynnan Spunkle, Columbia

ADDRESS

25. DATE RECD. BY LOCAL REG.

Oct 10 1962

26. REGISTRAR'S SIGNATURE

Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lynman Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.